

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09782 062		FILING DATE 02/20/01			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	/			
2		/					52		/		
3		/					53		/		
4		/					54		/		
5		/					55		/		
6	/						56				
7		/					57				
8		/					58				
9		/					59				
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11	/						61				
12		/					62				
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17		/					67				
18		/					68				
19		/					69				
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21		/					71				
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37		/					87				
38		/					88				
39		/					89				
40	/						90				
41		/					91				
42		/					92				
43		/					93				
44		/					94				
45	/						95				
46		/					96				
47		/					97				
48	/						98				
49		/					99				
50		/					100				
TOTAL IND.	10						TOTAL IND.				
TOTAL DEP.	45						TOTAL DEP.				
TOTAL CLAIMS	55						TOTAL CLAIMS				